__00862.003158

PATENT APPLICATION

TP E VC/3	TATENTALLE	<u>JATION</u>
SEP (E)	ATENT AND TRADEMARK OFFICE	#11/0
Application of:)	L200
SHOICHI YAMAGUCHI	: Examiner: Y.N. Won	9-16-03 enteres
Application No.: 09/452,188	: TC/Art Unit: 2155	
Filed: December 2, 1999	;)	
For: COMMUNICATION APPARATUS	;)	
AND METHOD	: September 10, 2003	
	RECE	IVED
C		

Commissioner for Patents Mail Stop: Non-Fee Amendment P.O. Box 1450 Alexandria, VA 22313-1450 SEP 1 2 7003

Technology Center 2100

<u>AMENDMENT</u>

Sir:

In response to the Office Action dated June 11, 2003, the Examiner is respectfully requested to amend the above-identified application as follows:

In re Application of:

SHOICHI YAMAGUCHI

Application No.: 09/452,188

Filed: December 2, 1999

For: COMMUNICATION APPARATUS AND METHOD

Docket No. 0862.003158

Examiner: Y.N. Won

TC/Art Unit: 2155

Date: September 10, 2003

RECEIVED

COMMISSIONER FOR PATENTS Mail Stop: Non-Fee Amendment

P.O. Box 1450

Alexandria, VA 22313-1450

SEP 1 2 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280			0			
			TOTAL ADDITI	= -		0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

)

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed	l, if not filed	previously
--	--	-----------------	------------

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	\mathcal{L}

Attorney for Applicant

Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

Form #120

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